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APPLICANTS

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** CONTINUING DATA *N/A* ******* FOREIGN APPLICATIONS *N/A* *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/18/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	NH	DRAWING 16	CLAIMS 30	CLAIMS 4
Verified and Acknowledged	<i>N/A</i>	Examiner's Signature <i>N/A</i>	Initials		

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TITLE

System and method for improved volume measurement

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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